



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6300.10A
BUMED-31
10 Aug 2001

BUMED INSTRUCTION 6300.10A

From: Chief, Bureau of Medicine and Surgery

Subj: CUSTOMER RELATIONS PROGRAM

Ref: (a) SG's SITREP (N1-01), Customer Service/Customer Satisfaction, January 2001
(b) Recommendations for the Organization of MTF-Level Customer Relation
Departments, Birch & Davis Associates, Inc./Contract No. DASWO1-95-0026 of
June 30, 1998
(c) Navy Medicine Customer Relations Toolkit for Leaders at All Levels
(d) DOD Directive 6000.14 of 17 Mar 99
(e) 32 CFR 199.1
(f) 10 USC 55, section 1095e, 23 Jan 00
(g) Under Secretary of Defense (Personnel and Readiness) memo of 27 Jun 00
(h) BUMEDINST 6440.8A
(i) SECNAVINST 5420.169H (NOTAL)
(j) CNETINST 5420.4A (NOTAL)

Encl: (1) Customer Problem Resolution System Flowchart
(2) Customer Relations Reference Card
(3) Navy Medicine's Customer Relations Program Responsibilities
(4) Patients' Bill of Rights and Responsibilities
(5) Acronyms

1. Purpose. To provide policy regarding Navy Medicine's Customer Relations Program (CRP) encompassing internal and external customer relations, satisfaction, issue resolution, and command performance measures to all levels throughout Navy Medicine, and to provide guidance and ensure implementation of, and ongoing compliance with, the program using references (a) through (j).

For information purposes, reference (a) is available at: http://navymedicine.med.navy.mil/images/sitrep/N1_01.htm. Reference (c) is available at: <https://imcenter.med.navy.mil/toolkit/index.htm>.

2. Cancellation. BUMEDINST 6300.10.

3. Background. Navy Medicine has increasingly emphasized the importance of excellence in customer relations, references (a) and (b). Our ultimate goal is to foster a health care system that focuses on the needs of the patient and their personal support system, and to be responsive to their needs and those of all our internal and external customers. Personalized customer attention, clinical excellence, and easily navigated facilities promote positive customer experiences and generate loyalty. Being responsive enhances the overall health care delivery system's effectiveness and the timeliness of issue resolution. During episodes of care, even with sincere efforts, issues arise for which customers require additional assistance or intervention. These

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issues may be a reflection of simple miscommunication and may be straightforward or complex. Our diverse and often mobile beneficiary population requires a simplified resolution process to rapidly and consistently address their concerns.

4. Policy. Similar organization of customer relations positions and processes among all facilities and implementation of a simplified problem resolution process will enhance customer awareness and satisfaction as they use our health care system. Each command's additional efforts to personalize the CRP for their unique beneficiary population will assist them in meeting or exceeding annually established high-level CRP target performance goals (TPGs). Continuous enhancement of clinical, administrative and facility services within our facilities is key to the success of our customer's satisfaction.

a. A simplified customer problem resolution system template has been designed, enclosure (1), for local commands to tailor and meet the needs of their unique, mobile beneficiary population. Our ability to integrate all aspects of the Navy health care delivery system with our managed care support contractors (MCSC) so they appear seamless to our beneficiaries shall be the most significant measure of our customer relations success.

b. As outlined in reference (c), several key elements are essential to an outstanding customer relations organizational culture. The application of these key elements within all naval medical and dental facilities will support consistency within the CRP and ensure customer expectations are anticipated and met, if not exceeded.

c. A customer relations reference card template is provided, enclosure (2), to assist commands in developing a customized reference card. The customer relations reference card will assist beneficiaries in readily contacting the appropriate command CRP personnel to resolve issues and concerns.

5. Target Performance Goals (TPGs). TPGs are established by Navy Medicine leadership to analyze individual commands and the health care systems' overall successes and ongoing improvements. TPGs for all medical and dental facilities will be derived from existing data collection tools.

a. The BUMED Executive Flag Council will determine the TPGs to be used on an annual basis, coinciding with the Strategic Planning process. There will be four -to-eight measurements that will encompass data regarding the performance of the system with respect to internal customer satisfaction, beneficiary, and patient satisfaction. Other performance measures may be added at the discretion of the Surgeon General or Executive Flag Council. Customer feedback will be incorporated into any efforts to reengineer the processes.

b. The Executive Flag Council is encouraged to select measures that are being compiled through the various data collection mechanisms already in process. Examples include: the Organizational Assessment Questionnaire, the monthly Customer Satisfaction Survey, the Annual Health Care Survey (DOD Survey), and those required in TRICARE contracts.

c. The Assistant Chief for Plans, Analysis, and Evaluation (MED-08) will assist the Executive Flag Council with criteria for selection of the measures. The Executive Flag Council, in association with MED-08, after determining the performance indicators and the data to be measured, will determine the target goal percentage that must be met by each activity by the end of the data collection period. MED-08 will provide a monthly tracking of the selected performance targets and ensure the on-line availability (<http://bumed.med.navy.mil/med08/metrics/>) of a monthly trending summary by activity, TRICARE region and any additional categories as deemed necessary. The monthly summary will identify the activity's performance as a percentage of target goals achieved for each measure.

d. Commands will routinely summarize results of the CRP TPGs during the Surgeon General's "Line Up" Video Teleconference.

6. Action. All naval medical and dental facilities will establish a CRP using enclosures (1) through (4), ensuring compliance with the minimum program framework described therein. All facilities will establish and meet initial training requirements as outlined in reference (c). Ongoing training will directly reflect each local facility's performance measurements as demonstrated by results of the TPGs. Facilities demonstrating areas for improvement will target ongoing training to those specific areas.

a. All naval medical and dental facilities shall provide the same minimal framework within their CRP, enclosure (3), and shall design services, where needed and within available resources, to enhance the satisfaction of their unique beneficiary populations. This approach not only encourages integration of various activities that support the local facility's strategic plan, but also supports system-wide alignment throughout Navy Medicine.

b. All naval medical and dental facilities shall include the DOD Patient's Bill of Rights and Responsibilities, as a critical element within the CRP, reference (d).

c. All staff shall be provided the appropriate preparation and ongoing training to achieve and maintain a positive, customer-focused environment. Additionally, all commanders are encouraged to reflect military and civilian staff customer relations performance when evaluating overall job performance.

7. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) shall:

(1) Develop program objectives, goals, and policies for Navy medical and dental facilities to implement consistent customer relations processes throughout the Navy health care system.

(2) Provide up-to-date training tools to support customer relations goals.

(3) Upon recommendation of the Flag Executive Council, implement TPGs and monitor progress toward goals.

b. Commanders, Commanding Officers (COs), and Officers in Charge (OICs) shall:

(1) Assess their command's CRP and determine the training, positions, and processes required by their command to meet the minimum requirements outlined in this instruction.

(2) Actively engage and promote participation of all levels of staff in initial and ongoing customer relations training. If an active training program has not previously been established, reference (c) provides a key element framework from which to design a command specific customer relations training program.

(3) Establish within available resources, command-specific customer relations positions identified in enclosure (3) and processes and elements covered in enclosures (1), (3), and (4) to support our beneficiaries and successfully meet or exceed TPGs. Assignments to these positions are not mutually exclusive. The command-specific customer relations functions may change from time-to-time to maintain flexibility in response to changing annual TPGs. Enclosure (5) is a list of acronyms used in this instruction.

(4) Develop market strategies directed at informing and educating customers through various educational methods about the CRP.

(5) Consider and document the impact on customer relations when requesting resources, personnel, and/or facility changes.

(6) Use TPGs to analyze individual command's health delivery system to identify areas in need of improvement. Share successes in TPGs with other commands. Report TPG results during the Surgeon General's "Line Up" Video Teleconference.

(7) Ensure staff members do not abandon an issue or concern that was initially brought to their attention until another staff member accepts ownership of the problem.

(8) Ensure customer relations reference cards are updated as needed to ensure they remain current, and are available to all beneficiaries.

(9) Focus recruitment, retention, advancement, and recognition efforts on Navy health care personnel demonstrating a solid commitment to excellence in customer service.

(10) Document military and civilian staff customer relations performance when evaluating overall job performance.

(11) Ensure the process improvement (PI), total quality leadership (TQL), quality assurance/quality management (QA/QM), customer relations, legislative, and other appropriate offices actively share pertinent customer relations, service, and satisfaction trends and situational information to enhance clinical, administrative and managerial performance.


R. A. NELSON

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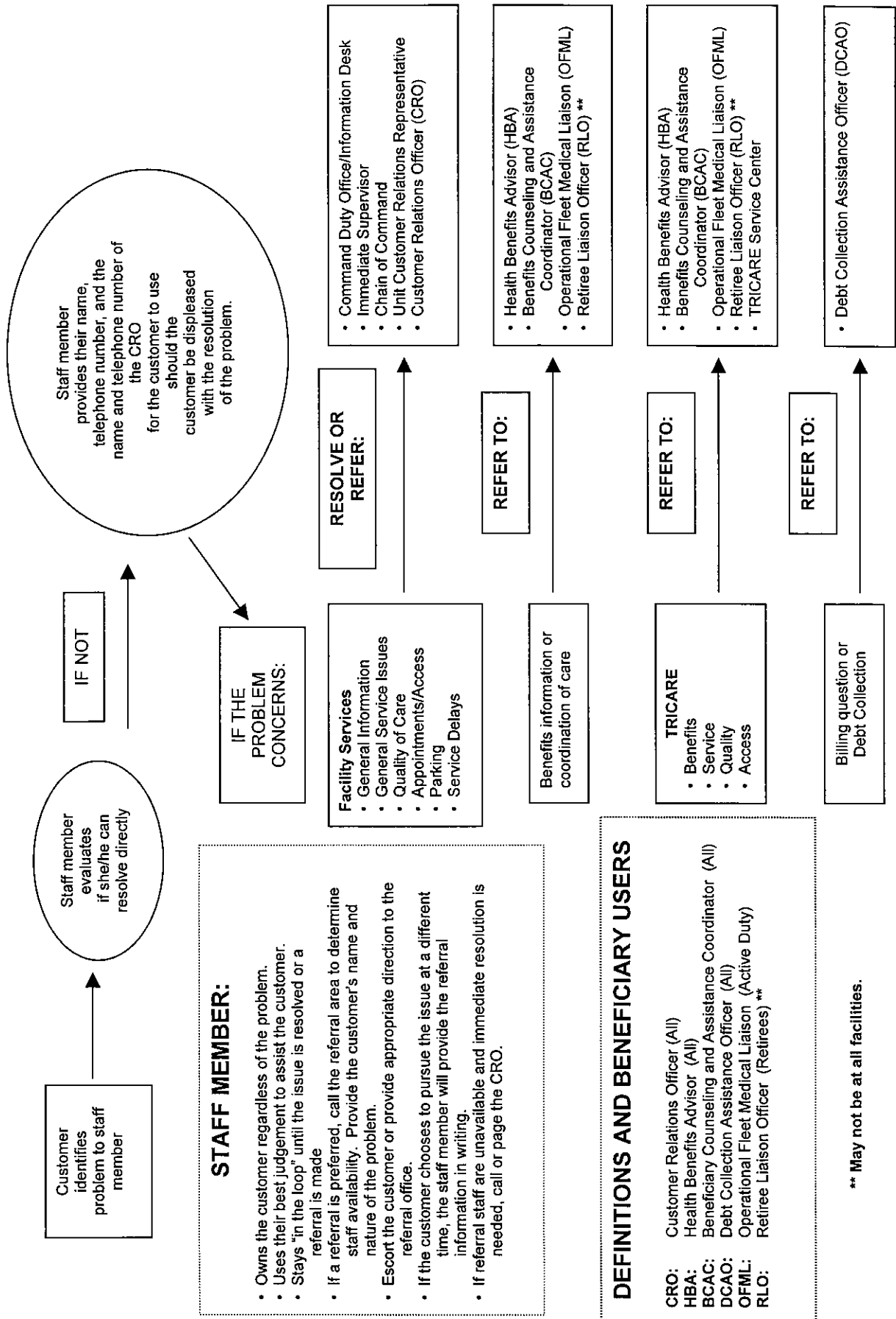
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Available at: <http://navymedicine.med.navy.mil/instructions/external/external.htm>

Customer Problem Resolution System Flowchart



NAVAL MEDICAL CENTER, _____
Street Address
City, State and Zip Code

CUSTOMER RELATIONS REFERENCE CARD

QUARTER DECK	1-888-888-8888
COMMAND INFORMATION	1-888-888-8888
APPOINTMENT SCHEDULING	1-888-888-8888
PHARMACY REFILLS	1-888-888-8888
HEALTH BENEFITS ADVISOR (HBA)	1-888-888-8888
BENEFICIARY COUNSELING AND ASSISTANCE OFFICER (BCAC)	1-888-888-8888
DEBT COLLECTION ASSISTANCE OFFICER (DCAO)	1-888-888-8888
OPERATIONAL FLEET MEDICAL LIAISON (OFML)	1-888-888-8888
RETIREE LIAISON OFFICER (RLO)	1-888-888-8888
CUSTOMER RELATIONS OFFICER (CRO)	1-888-888-8888

PERSONAL CONTACT NUMBERS:

PRIMARY CARE:

PCM: _____ **NUMBER:** _____

ADDRESS: _____

SPECIALTY CLINICS:

#1. _____ **NUMBER:** _____

#2. _____ **NUMBER:** _____

#3. _____ **NUMBER:** _____

NAVY MEDICINE'S
CUSTOMER RELATIONS PROGRAM RESPONSIBILITIES

1. Introduction. All commanders, COs and OICs of naval medical and dental facilities shall ensure their local CRP organization clearly identifies and communicates the following functions and the individual(s) responsible for the execution of each. The structure of these functions is at the discretion of command leadership and is dependent upon command specific factors (i.e., type of facility, workload, and case mix of the beneficiary population). It is expected that no new resources or personnel will be required to execute the CRP. It is the Surgeon General's intent that all Navy Medicine personnel engage in similar problem resolution processes and activities to improve customer relations and enhance satisfaction. The following functions must be specifically assigned, however the assignments of these roles are not mutually exclusive. Once designated, the individuals assigned to their respective duties shall be identified on a customer relations reference card, enclosure (2).

2. Functions and Responsibilities:

a. Customer Relations Officer (CRO). All facilities engaged in direct health care to beneficiaries shall designate a CRO. The CRO will be the principal point of contact ensuring the day-to-day execution of the Navy Medicine CRP. The CRO or his or her substitute will be available at all times during the facility's hours of operation and will have completed the relevant Navy Medicine Customer Relations Training Program's (CRTP) Leadership Modules. Appropriate substitutes for the CRO include any personnel serving as the command duty officer (CDO) and officer-of-the-day (OOD). The CRTP's leadership and training modules, respectively, are found at: <http://imcenter.med.navy.mil/toolkit/training/matrix.htm> and <http://bumed.med.navy.mil/med05/default.htm>. The CRO will:

(1) Serve as the facility's senior leadership representative for all matters affecting customer relations and satisfaction.

(2) Serve as liaison to CRP-designated positions regarding customer relations at the facility. This function requires the CRO to receive quarterly summary reports of customer relations issues from CRP personnel specifically designated in this instruction and to recommend actions and response.

(3) Serve as the final point of contact (POC) for unresolved issues identified through the Customer Problem Resolution System.

(4) Ensure customer relations training of all individuals assigned designated CRP positions. This training should include the Customer Problem Resolution System.

(5) Ensure the CRP is marketed to all customers and all affiliated activities.

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(6) Centrally track and review all legislative, executive, and beneficiary CRP correspondence regardless of final disposition of response.

(7) Identify and report customer dissatisfaction issues and trends up the chain-of-command and recommend or implement changes within the appropriate scope of responsibility, process changes, and improvements.

(8) Communicate progress of the facility toward meeting or exceeding the TPGs and facility specific measures, as appropriate.

(9) The CRO will participate on the command Risk Management Committee.

b. Health Benefits Advisor (HBA). The HBA will:

(1) Provide specialized TRICARE information to our customers on a wide range of topics. In addition to disseminating TRICARE policy information, is involved in providing assistance and counseling services to our customers concerning cost shares, participating providers, requirements for admission, procedures for making claims, and follow-up on delayed claims.

(2) Provide advice on the various complex benefits available under TRICARE including exclusions of non-authorized services and are instrumental in coordinating health care benefits. HBAs have a broad range of knowledge on the many Federal, state, and local programs including Medicare, Medicaid, the Federal Employees Health Benefit Program (FEHBP), and alternative health care resources within the community.

(3) Serve as the single point of contact on matters relating to all health benefit programs.

c. Beneficiary Counseling and Assistance Coordinator (BCAC). Congress in the National Defense Authorization Act legislatively mandated the BCAC position for Fiscal Year 2000, reference (f). It establishes the position at all lead agents and medical treatment facilities to serve as a full time BCAC. The BCAC will:

(1) Act as a beneficiary advocate, with the responsibility to address and resolve health care related issues and concerns. In this capacity, BCACs throughout the Military Health Care System will facilitate issue resolution while concurrently collecting, analyzing, tracking, and trending beneficiary data to provide statistical information to customer relations and DOD leadership to guide policy and program development.

(2) Counsel beneficiaries regarding TRICARE and related items. BCACs will consult with others, on an as needed basis, to clarify information on TRICARE, TRICARE for Life, TRICARE Plus and TRICARE Options, TRICARE Prime Remote, TRICARE Senior, TRICARE Dental programs, and other Demonstration Projects.

(3) Resolve access to health care complaints assuring beneficiaries get the services and benefits that are appropriate.

d. Debt Collection Assistance Officer (DCAO). The Under Secretary of Defense (Personnel and Readiness) has mandated establishment of DCAOs at each lead agent and MTF. DCAOs will assist beneficiaries in determining the validity of collection agent claims or negative credit reports received for debts incurred as a result of medical or dental care under the TRICARE Program, and will take all measures necessary to resolve the issues presented. The DCAO will:

(1) Have responsibility for casework and resolution for all cases presented.

(2) Assist the beneficiary to obtain a determination as to whether or not the basis for the underlying debt or collection notice is valid, in whole or part, when the beneficiary presents documentation from a provider or collection agency for services rendered to beneficiary. DCAOs will transmit documentation to the MCSC or dental collections unit within one working day of receipt from the beneficiary.

(3) Prepare and forward case completion letter to beneficiary upon receiving written determination of the investigation outcome. If applicable, the DCAO will confirm, within 30 days of case resolution, that the provider and/or beneficiary has received payment.

(4) Provide written guidance on further action available to the beneficiary when appropriate, i.e., contact numbers for local judge advocate general (JAG) offices, family support centers, ombudsmen, and financial assistance resources such as Service-specific relief organizations. Additionally, the DCAO will provide a fact sheet explaining the beneficiary's rights under the Fair Debt Collection Practices Act.

e. Operational Forces Medical Liaison (OFML). The OFML (see reference (h)) serves as an interface between the MTF and the operational forces, ensures priority and quality medical and dental services, and establishes procedures and assigns responsibilities for providing medical support to operational forces and their supporting commands. The OFML head acts in a capacity as a special assistant to the commander, CO, or OIC. In this capacity, OFMLs throughout the Military Health Care System provide a direct communication link between the MTF and the operational forces, and coordinate resolution of operational forces and requests for MTF assistance.

(1) The OFML will:

(a) Facilitate communication between MTF providers and operational medical departments or units, track admissions, dispositions, medical boards, limited duty boards, medical hold personnel and medical evacuations, and provide information to operational leaders through their medical department representatives.

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(b) Interact with operational forces and MTF telemedicine POCs to ensure timely access to appropriate health services.

(c) Make regular visits to area operational medical department representatives (unit level and above) to disseminate information regarding MTF support and medical care for operational staff.

(d) Serve as a liaison between the operational member admitted as an inpatient and his parent command and personnel support activity or personnel support detachment.

(e) Interface with medical hold units in support of members from the operational forces.

(f) Orient MTF staff to the unique needs and challenges of the operational forces. The effect of their office and the liaison between the MTF and the operational forces are measured through PI activities (reference (h)).

(2) Commanders, COs, and OICs shall:

(a) Have the primary responsibility for ensuring medical and dental readiness of every member of the operating forces. The Navy Medical Department representatives of all operational units must have medical and dental facility points of contact to ensure expeditious assistance in meeting the health care needs of their command population.

(b) Determine the number and locations of fleet representatives needed and ensure these representatives have a strong customer relations focus, have completed all required customer relations training, and are appointed in numbers sufficient to provide adequate support to fleet and operational units.

(c) Appoint a qualified Medical Department representative as the OFML. This individual should have a strong customer focus and exercise leadership in a manner that will achieve a positive, dominant influence on both the customer relations attitude and performance of all members of the command in carrying out this primary mission of the Navy Medical Department.

g. Retired Liaison Office (RLO). The purpose of the RLO is to serve as a liaison between the retiree community, their families, and the Military Health Care System. Many RLO positions currently exist which serve multiple commands within a local region. It is not the intent to duplicate services already in place that are effectively meeting the mission.

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(1) The RLO shall. Disseminate information regarding the benefits and services of the Navy Medical Department. Such information may include referrals and information regarding the use of TRICARE MCSCs, Medicare, the Department of Veterans' Affairs (DVA), and other general information regarding military health care benefits.

(2) Commanders, COs, and OICs shall:

(a) Coordinate with Naval Military Personnel Command (NPC-622), Retired Assistance Office, DSN 882-4307 or (901) 874-4307, to obtain specific or updated information regarding the concept of the RLO.

(b) Determine facility specific need for the RLO program. Special consideration should be given by commands with an inpatient population. Retiree volunteers may man the RLOs.

(c) Provide office space, desk, and telephone in the facility for the RLO if deemed necessary.

(d) Ensure the inclusion of the RLO on the customer relations reference card and in the command telephone directory.

(e) Assign the CRO as the liaison to the RLO for issues relating to Navy Medicine and to communicate concerns and recommendations to TRICARE MCSCs, as appropriate.

(f) Foster communication between the RLO and the community to ensure military retirees and their families receive information regarding the range of services available through local, state, private, and Federal programs.

(g) Ensure RLO awareness that the Health Care Financing Administration (HCFA) offers state grants for information counseling assistance for senior citizens. Contact HCFA for further information.

h. Health Care Consumer's Council (HCCC). The purpose of the HCCC is to provide MTFs and dental treatment facilities (DTFs) with valuable input and feedback from users of the Navy's health care system. The Council also provides our customers with information for the purpose of educating our beneficiaries regarding the benefits and services of the Navy Medical Department and the CRP. This may include information regarding the use of TRICARE MCSCs to improve access and informed use of the health care system.

(1) The HCCC is sponsored by the responsible line commander (RLC).

(2) The commander, CO, and OIC shall provide support to the HCCC and the RLC in facilitating the active participation of the Council in matters relating to the services delivered at the facility. Such support shall include:

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- (a) Requests for information from the Council regarding benefits and customer relations.
 - (b) Report the status of progress toward Council recommendations and other matters affecting health care delivery.
 - (c) Assign the CRO to serve as the liaison to the Council for issues relating to Navy Medicine, and to communicate concerns and recommendations to TRICARE MCSCs, as appropriate.
 - (d) Provide on-site meeting space as requested by the RLC.
- i. Customer Relations Reference Card. Commanders, COs, and OICs shall:
- (1) Provide all beneficiaries and Navy Medicine personnel with a customer relations reference card in written form and updated as needed.
 - (2) Ensure the customer relations reference card includes the facility's main telephone number, appointments telephone number, CRO, OFML, HBA, BCAC, DCAO, HCCC, and RLO telephone numbers. Other information shall be at the discretion of command leadership.

Patients' Bill of Rights and Responsibilities

RIGHTS

1. **Medical Care and Dental Care.** The right to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and Government regulations, and to be informed of the consequences of his or her refusal. When concerned about the care received, the patient has a right to request review of the adequacy of care.
2. **Respectful Treatment.** The right to considerate and respectful care, with recognition of his or her personal dignity.
3. **Privacy and Confidentiality.** The right, within law and military regulations, to privacy and confidentiality concerning medical care.
4. **Identity.** The right to know, at all times, the identity, professional status, and professional credentials of health care personnel, as well as the name of the health care provider primarily responsible for his or her care.
5. **Explanation of Care.** The right to an explanation concerning his or her diagnosis, treatment, procedures, and prognosis of illness in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.
6. **Informed Consent.** The right to be advised in non-clinical terms of information needed to make knowledgeable decisions on consent or refusal for treatments. Such information should include significant complications, risks, benefits, and alternative treatments available.
7. **Research Projects.** The right to be advised if the facility proposes to engage in or perform research associated with his or her care or treatment. The patient has the right to refuse to participate in any research projects.
8. **Safe Environment.** The right to care and treatment in a safe environment.
9. **Medical Treatment Facility (MTF) or Dental Treatment Facility (DTF) Rules and Regulations.** The right to be informed of the facilities' rules and regulations that relate to patient or visitor conduct. The patient should be informed about smoking rules and should expect compliance with those rules from other individuals. Patients are entitled to information about the MTF or DTF mechanism for the initiation, review, and resolution of patient complaints.

RESPONSIBILITIES

1. **Providing Information.** The responsibility to provide, to the best of his or her knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications, and other matters relating to his or her health. A patient has the responsibility to let his or her primary health care provider know whether he or she understands the treatment and what is expected of him or her.
2. **Respect and Consideration.** The responsibility for being considerate of the rights of other patients and MTF or DTF health care personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the facility.
3. **Compliance with Medical Care.** The responsibility for complying with the medical and nursing treatment plan, including follow-up care, recommended by health care providers. This includes keeping appointments on time and notifying the MTF or DTF when appointments cannot be kept.
4. **Medical Records.** The responsibility for ensuring medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by the patients for the purpose of medical appointment or consultation, etc. All medical records documenting care provided by any MTF or DTF are the property of the U.S. Government.
5. **MTF and DTF Rules and Regulations.** The responsibility for following the MTF or DTF rules and regulations affecting patient care conduct. Regulations regarding smoking should be followed by all patients.
6. **Reporting of Patient Complaints.** The responsibility for helping the MTF or DTF commander provide the best possible care to all beneficiaries. Patients' recommendations, questions, or complaints should be reported to the patient contact representative.

ACRONYMS

BCAC	Beneficiary Counseling and Assistance Coordinator
BUMED	Bureau of Medicine and Surgery
CDO	Command Duty Officer
CO	Commanding Officer
CRO	Customer Relations Officer
CRP	Customer Relations Program
CRTF	Customer Relations Training Program
DCAO	Debt Collection Assistance Officer
DOD	Department of Defense
DTF	Dental Treatment Facilities
DVA	Department of Veterans' Affairs
FEHBP	Federal Employees Health Benefit Program
HBA	Health Benefits Advisor
HCCC	Health Care Consumer Council
HCFA	Health Care Financing Administration
JAG	Judge Advocate General
MCSC	Managed Care Support Contractor
MTF	Medical Treatment Facility
OFML	Operational Fleet Medical Liaison
OIC	Officer in Charge
OOD	Officer-of-the-Day
PCM	Primary Care Manager
POC	Point of Contact
PI	Process Improvement
QA/QM	Quality Assurance/Quality Management
RLC	Responsible Line Commander
RLO	Retired Liaison Office
TPG	Target Performance Goal
TQL	Total Quality Leadership